

Frequently Asked Questions Regarding Implementation of Federal Regulations Governing Home and Community-Based Settings for Recipients of Medicaid Waiver Services

Provider Self-Assessment of Settings Survey

Q5: Why are you asking providers to complete the Provider Self-Assessment of Settings survey?

A5: New federal regulations require the state to verify that every recipient of Medicaid waiver services is receiving those services in a CMS-defined “home and community-based setting,” and we need your help. This self-assessment is your opportunity to understand the new federal regulations, and to look objectively at the way the services you provide either integrate, or isolate recipients in their homes and communities. SDS is asking providers to analyze and assess their service settings to see if they meet, or could be modified to meet, the CMS regulatory requirements. The self-assessment survey will also be the state’s primary source of data for gauging system-level compliance with the setting requirements.

Q6: Is this the only way SDS will verify that agencies are in compliance with the setting requirements?

A6: No. Early in the process the SDS Provider Certification and Compliance Unit began identifying agency sites that, according to the CMS guidance needed additional scrutiny. SDS staff are making informal, technical assistance site visits to see agency facilities, discuss agency policy, and suggest strategies for compliance.

Q7: Is completing the survey mandatory?

A7: Completing the survey is not mandatory, but will help providers, in light of new requirements, to evaluate their service settings and develop changes in policy or the setting physical environment to promote full access to the benefits of community living. SDS will also continue to make informal visits if concerned about a site’s home and community-based qualities.

Q8: What will happen if I do indicate in the survey that one or more of our agency service settings may have deficiencies in home and community-based qualities as defined by CMS?

A8: SDS will respond with technical assistance in the form of proposals for policy changes or changes in the setting physical environment. In some cases SDS and the provider will develop a “Plan of Correction” with timelines set for completion. SDS will also integrate the new CMS setting requirements into State regulations, *Conditions of Participation* and ongoing provider certification and quality assurance efforts.

Q9: My agency serves individuals in their own homes. Are these settings subject to CMS setting requirements?

A9: A recipient’s residence, if not owned or operated by a provider, is not subject to CMS setting requirements. Therefore a provider who offers a service, (e.g., chore services, home-delivered meals) in a recipient’s residence, is not required to complete the survey for that service. If a recipient’s residence is owned or operated by a provider, it must meet CMS setting requirements and afford the recipient their personal rights to enjoy their home the same as any renter who is not receiving Medicaid home and community-based services.